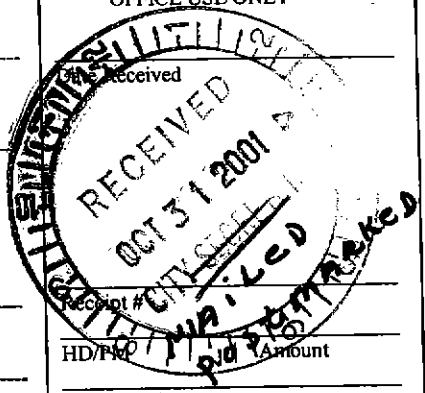


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 29				
3 CANDIDATE OFFICEHOLDER NAME	TITLE FIRST MI GERALD							
	NICKNAME LAST SUFFIX WOMACK							
4 CANDIDATE OFFICEHOLDER ADDRESS	ADDRESS/P.O. BOX: APT/SUITE #: CITY: STATE: ZIP CODE: 4412 ALMEDA HOUSTON TEXAS 77004							
<input type="checkbox"/> Change of Address								
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI JOHN		S.					
	NICKNAME LAST SUFFIX CHASE							
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY: STATE: ZIP CODE: 1201 SOUTHMORE HOUSTON TEXAS 77004							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(713)	524-8413						
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)							
9 PERIOD COVERED	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	9/28/2001			10/27/2001				
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	MONTH	DAY	YEAR	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
	11 / 06 / 2001							
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) HOUSTON CITY COUNCIL-DISTRICT D					
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **							
	NAME							
	ADDRESS/P.O. BOX: APT/SUITE #: CITY: STATE: ZIP CODE:							
<input type="checkbox"/> additional pages								
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME GERALD WOMACK		15 ACCOUNT # (Ethics Commission filers)	
16 SUPPORTING POLITICAL COMMITTEES	<p>** This listing includes political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,673.15	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 35,896.10	
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THIS REPORTING PERIOD	\$	

19 AFFIDAVIT		
		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p><i>Gerald Womack</i></p> <p>Signature of Candidate or Officeholder GERALD WOMACK</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
<p>Sworn to and subscribed before me, by the said GERALD WOMACK, this the 29TH day of October, 2001, to certify which, witness my hand and seal of office.</p> <p><i>Sylvia P. Rea</i></p> <p>Signature of officer administering oath</p>		
SYLVIA P. REA		NOTARY PUBLIC
Print name of officer administering oath		Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date

5 Payee name

7 Amount
(\$)

9-28-01

Advantage Communication

1470.00

6 Payee address: City: State: Zip Code:

4412 Almeda, Houston, Tx. 77004

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant

Date

Payee name

Amount
(\$)

10-2-01

Ed Banks

250.00

Payee address: City: State: Zip Code:

3306 Beulah, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

Date

Payee name

Amount
(\$)

10-4-01

Texas Printing

1967.92

Payee address: City: State: Zip Code:

4715 Main St., Houston, Tx. 77002

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Printing

Date

Payee name

Amount
(\$)

10-4-01

Texas Printing

608.37

Payee address: City: State: Zip Code:

4715 Main St., Houston, Tx. 77002

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Printing

Date

Payee name

Amount
(\$)

10-4-01

Texas Printing

376.71

Payee address: City: State: Zip Code:

4715 Main St., Houston, Tx. 77002

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Printing

Date

Payee name

Amount
(\$)

10-4-01

Fort Bend Democrats

250.00

Payee address: City: State: Zip Code:

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Community Breakfast

Date

Payee name

Amount
(\$)

10-4-01

Sherry Browning

50.00

Payee address: City: State: Zip Code:

P. O. Box 301162, Houston, Tx. 77038

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date

5 Payee name

Andrew McCray7 Amount
(\$)**150.00****10-4-01**

6 Payee address:

City:

State:

Zip Code:

4412 Almeda, Houston, Tx. 77004

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Graphic Designs & Printing

Date

Payee name

Forward TimesAmount
(\$)**460.53****10-4-01**

Payee address:

City:

State:

Zip Code:

4411 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Ad

Date

Payee name

Erica FowlerAmount
(\$)**18.00****10-4-01**

Payee address:

City:

State:

Zip Code:

4412 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Reimbursement for supplies

Date

Payee name

Ken McCowanAmount
(\$)**23.98****10-4-01**

Payee address:

City:

State:

Zip Code:

10333 Richmon, Houston, Tx. 77042

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Reimbursement for Supplies

Date

Payee name

Eva PickensAmount
(\$)**500.00****10-4-01**

Payee address:

City:

State:

Zip Code:

4412 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant Services

Date

Payee name

Nata KoerberAmount
(\$)**500.00****10-5-01**

Payee address:

City:

State:

Zip Code:

1818 Calumet, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant Services

Date

Payee name

Booker MorrisAmount
(\$)**287.00****10-9-01**

Payee address:

City:

State:

Zip Code:

2626 S. Loop West, Ste. 270, Houston, Tx. 77054

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date 10-9-01	5 Payee name Texas Printing	7 Amount (\$) 194.85
6 Payee address: City: State: Zip Code: 4715 Main St., Houston, Tx. 77002		

8 Purpose of expenditure Printing	9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 10-9-01	Payee name Ken McCowen	Amount (\$) 139.87
Payee address: City: State: Zip Code: 3535 Briarpark Dr., Ste. 208, Houston, Tx. 77042		

Purpose of expenditure Reimbursement for Supplies and Food	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

Date 10-11-01	Payee name Donald Aaron	Amount (\$) 2000.00
Payee address: City: State: Zip Code: 2250 Holly Hall, No. 189, Houston, Tx. 77054		

Purpose of expenditure Consultant Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

Date 10-11-01	Payee name William A. Lawson Institute	Amount (\$) 100.00
Payee address: City: State: Zip Code: 5445 Almeda, Ste. 505, Houston, Tx. 77004		

Purpose of expenditure Donation	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 10-12-01	Payee name Nata Koerber	Amount (\$) 500.00
Payee address: City: State: Zip Code: 1818 Calumet, Houston, Tx. 77004		

Purpose of expenditure Consultant Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

Date 10-12-01	Payee name Ed Banks	Amount (\$) 150.00
Payee address: City: State: Zip Code: 3306 Beulah, Houston, Tx. 77004		

Purpose of expenditure Contract Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

Date 10-12-01	Payee name Erica Fowler	Amount (\$) 360.00
Payee address: City: State: Zip Code: 1910 Overbrook, Missouri City, Tx. 77459		

Purpose of expenditure Consultant Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date

5 Payee name

7 Amount
(\$)**10-12-01****Erica Fowler****400.00**

6 Payee address: City: State: Zip Code:

1910 Overbrook, Missouri City, Tx. 77459

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant Services

Date

Payee name

Amount
(\$)**10-12-01****NAACP - Houston Branch****150.00**

Payee address: City: State: Zip Code:

2002 Wheeler, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Ad

Date

Payee name

Amount
(\$)**10-12-01****Eva Pickens****500.00**

Payee address: City: State: Zip Code:

4412 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant Services

Date

Payee name

Amount
(\$)**1-12-01****Booker Morris****175.00**

Payee address: City: State: Zip Code:

2626 South Loop W., Ste. 270, Houston, Tx. 77054

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

Date

Payee name

Amount
(\$)**10-12-01****Our Mother of Mercy****20.00**

Payee address: City: State: Zip Code:

2010 Benson, Houston, Tx. 77020

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Tickets

Date

Payee name

Amount
(\$)**10-12-01****Ship of Zion Missionary Baptist Church****60.00**

Payee address: City: State: Zip Code:

8505 Cypress Street, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Banquet

Date

Payee name

Amount
(\$)**10-12-01****Southwestern Bell Telephone****127.10**

Payee address: City: State: Zip Code:

P. O. Box 1550, Houston, Tx. 77097-0047

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Telephone Services

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

GERALD WOMACK

4 Date 10-14-01	5 Payee name Ken McCowan	7 Amount (\$) 77.67
6 Payee address: City: State: Zip Code: 3535 Briarpark Dr., Ste. 208, Houston, Tx. 77042		

8 Purpose of expenditure Reimbursement for Block Walker Supplies	9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

Date 10-14-01	Payee name Don Aaron	Amount (\$) 32.97
Payee address: City: State: Zip Code: 2250 Holly Hall, No. 189, Houston, Tx. 77054		

Purpose of expenditure Reimbursement for Supplies	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 10-14-01	Payee name Eva Pickens	Amount (\$) 50.23
Payee address: City: State: Zip Code: 4412 Almeda, Houston, Tx. 77004		

Purpose of expenditure Reimbursement for Supplies	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 10-14-01	Payee name Harris County	Amount (\$) 53.00
Payee address: City: State: Zip Code: 1001 Preston, Houston, Tx. 77002		

Purpose of expenditure Precinct Information	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 10-14-01	Payee name Nata Koerber	Amount (\$) 147.00
Payee address: City: State: Zip Code: 1818 Calumet, Houston, Tx. 77004		

Purpose of expenditure Reimbursement for Phone Bank	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 10-15-01	Payee name Madison Homecoming Parade	Amount (\$) 25.00
Payee address: City: State: Zip Code: 13719 White Heather, Houston, Tx. 77045		

Purpose of expenditure Donation	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	---

Date 10-15-01	Payee name Nata Koerber	Amount (\$) 19.98
Payee address: City: State: Zip Code: 1818 Calumet, Houston, Tx. 77004		

Purpose of expenditure Reimbursement for Food for Volunteers	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**11****2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**GERALD WOMACK**

4 Date 10-16-01	5 Payee name Informer Newspaper	7 Amount (\$) 500.00
6 Payee address: City: State: Zip Code: P. O. Box 14035, Houston, Tx. 77221		

8 Purpose of expenditure Ad	9 ** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	--

Date 10-17-01	Payee name Houston Newspages	Amount (\$) 500.00
Payee address: City: State: Zip Code: 4997 Martin Luther King, Houston, Tx. 77021		

Purpose of expenditure Ad	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	--

Date 10-19-01	Payee name Nata Koerber	Amount (\$) 500.00
Payee address: City: State: Zip Code: 1818 Calumet, Houston, Tx. 77004		

Purpose of expenditure Consultant Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	--

Date 10-19-01	Payee name Nata Koerber	Amount (\$) 150.00
Payee address: City: State: Zip Code: 1818 Calumet, Houston, Tx. 77004		

Purpose of expenditure Contract Services - Phone Bank	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
--	--

Date 10-20-01	Payee name Texas Southern University	Amount (\$) 75.00
Payee address: City: State: Zip Code: 3100 Cleburne, Houston, Tx. 77004		

Purpose of expenditure Homecoming Parade	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	--

Date 10-20-01	Payee name Ed Banks	Amount (\$) 150.00
Payee address: City: State: Zip Code: 3306 Beulah, Houston, Tx. 77004		

Purpose of expenditure Contract Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	--

Date 10-20-01	Payee name Eva Pickens	Amount (\$) 500.00
Payee address: City: State: Zip Code: 4412 Almeda, Houston, Tx. 77004		

Purpose of expenditure Consultant Services	** Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought/held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date

5 Payee name

7 Amount
(\$)**10-20-01****The Houston Defender****504.00**

6 Payee address: City: State: Zip Code:

3003 South Loop, Houston, Tx. 77288

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Ad

Date

Payee name

Amount
(\$)**10-20-01****Andrew McCray****150.00**

Payee address: City: State: Zip Code:

4412 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

Date

Payee name

Amount
(\$)**10-26-01****Nata Koerber****1503.50**

Payee address: City: State: Zip Code:

1818 Calumet, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Reimbursement - Contract Worker's - Early Vote

Date

Payee name

Amount
(\$)**10-26-01****Eva Pickens****500.00**

Payee address: City: State: Zip Code:

4412 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant Services

Date

Payee name

Amount
(\$)**10-26-01****St. Agnes Baptist Church****100.00**

Payee address: City: State: Zip Code:

3730 South Acres, Houston, Tx. 77047

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Ad

Date

Payee name

Amount
(\$)**10-26-01****Mandy Haverly****35.00**

Payee address: City: State: Zip Code:

3654 Rebecca St., Houston, Tx. 77021

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Red, White & Blue Ribbons at Breakfast

Date

Payee name

Amount
(\$)**10-26-01****Ed Banks****150.00**

Payee address: City: State: Zip Code:

3302 Beulah, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date

5 Payee name

7 Amount
(\$)**10-24-01****U. S. Postmaster****340.00**6 Payee address: City: State: Zip Code:
4110 Almeda, Houston, Tx. 77004

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Postage

Date

Payee name

Amount
(\$)**10-26-01****Nata Koerber****500.00**Payee address: City: State: Zip Code:
1818 Calumet, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant

Date

Payee name

Amount
(\$)**10-26-01****Booker T. Morris, III****2500.00**Payee address: City: State: Zip Code:
2626 S. Loop West, Ste. 270, Houston, Tx. 77054

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

Date

Payee name

Amount
(\$)**10-26-01****Advantage Communication****1386.00**Payee address: City: State: Zip Code:
4412 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Radio Ad-KCOH

Date

Payee name

Amount
(\$)**10-26-01****Nata Koerber****500.00**Payee address: City: State: Zip Code:
1818 Calumet, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Reimbursement-Card Pushers

Date

Payee name

Amount
(\$)**10-16-01****Marcus****42.00**

Payee address: City: State: Zip Code:

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant

Date

Payee name

Amount
(\$)**10-16-01****Southeast Precinct Judges****150.00**Payee address: City: State: Zip Code:
Houston, Tx.

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date

5 Payee name

U. S. Post Office

7 Amount (\$)

10-17-01

6 Payee address: City: State: Zip Code:

4110 Almeda, Houston, Tx. 77004**46.32**

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH**
Candidate / Officeholder name

Office sought/held

Postage

Date

Payee name

Walgreens

Amount (\$)

10-17-01

Payee address: City: State: Zip Code:

5202 Almeda, Houston, Tx. 77004**19.42**

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**
Candidate / Officeholder name

Office sought/held

Sodas

Date

Payee name

Payee address:

City:

State:

Zip Code:

Amount (\$)

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**
Candidate / Officeholder name

Office sought/held

Date

Payee name

E-Z Mail Management

Amount (\$)

10-19-01

Payee address: City: State: Zip Code:

6420 Richmond, Ste. 100, Houston, Tx. 77054**6183.80**

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**
Candidate / Officeholder name

Office sought/held

Mailout

Date

Payee name

Chris Laston

Amount (\$)

10-19-01

Payee address: City: State: Zip Code:

2205 King, Houston, Tx. 77005**350.00**

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**
Candidate / Officeholder name

Office sought/held

Contract Services

Date

Payee name

Toner Central Warehouse

Amount (\$)

10-20-01

Payee address: City: State: Zip Code:

935 Eldridge Rd., Sugarland, Tx. 77478**517.38**

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**
Candidate / Officeholder name

Office sought/held

Supplies

Date

Payee name

Progressive Baptist Church

Amount (\$)

10-20-01

Payee address: City: State: Zip Code:

16302 Loch Katrine, Langham Creek, Tx. 77084**100.00**

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**
Candidate / Officeholder name

Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date

5 Payee name

7 Amount
(\$)**10-22-01****Alicia Murray****495.00**

6 Payee address: City: State: Zip Code:

4042 McDeemed, Houston, Tx. 77052

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

Date

Payee name

Amount
(\$)**10-22-01****U. S. Postal Service****68.00**

Payee address: City: State: Zip Code:

4110 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Postage

Date

Payee name

Amount
(\$)**10-23-01****Harris County Council****300.00**

Payee address: City: State: Zip Code:

Delano, Houston, Tx.

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Date

Payee name

Amount
(\$)**10-23-01****Houston Livestock Show & Rodeo/Black Go Texan Com.****100.00**

Payee address: City: State: Zip Code:

8701 Kirby Dr., Houston, Tx. 77054

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Black Go Texasn Committee Dance

Date

Payee name

Amount
(\$)**10-24-01****Chase Com****1600.00**

Payee address: City: State: Zip Code:

3311 W. Alabama, Houston, Tx. 77098

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Date

Payee name

Amount
(\$)**10-25-01****U. S. Post Office****68.00**

Payee address: City: State: Zip Code:

4110 Almeda, Houston, Tx. 77004

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Postage

Date

Payee name

Amount
(\$)**10-26-01****Christ Laston****350.00**

Payee address: City: State: Zip Code:

2205 King, Houston, Tx. 77005

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

GERALD WOMACK

4 Date

5 Payee name

7 Amount
(\$)**10-26-01****CASH**

6 Payee address: City: State: Zip Code:

5445 Almeda, Houston, Tx. 77004**1900.00**

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Payment for Poll Workers

Date

Payee name

Amount
(\$)**10-26-01****Ruby Smith**

Payee address: City: State: Zip Code:

Houston, Tx.**367.50**

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Contract Services

Date

Payee name

Amount
(\$)**9-28-01****Nata Koerber**

Payee address: City: State: Zip Code:

1818 Calumet, Houston, Tx. 77004**500.00**

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Consultant Services

Date

Payee name

Amount
(\$)

Payee address: City: State: Zip Code:

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Date

Payee name

Amount
(\$)

Payee address: City: State: Zip Code:

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Date

Payee name

Amount
(\$)

Payee address: City: State: Zip Code:

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

Date

Payee name

Amount
(\$)

Payee address: City: State: Zip Code:

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name

Office sought/held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission files)

4 Date
10-1-01

5 Full name of contributor

Mike Petrizzo

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77004**

7 Amount of
contribution
300.00

8 In-kind contribution
description(if
applicable)

9 Principal occupation

10 Employer (optional)

Date
10-1-01

Full name of contributor

Alan M. Rosen

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77027-2293**

Amount of
contribution
200.00

In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-1-01

Full name of contributor

J. Kent Friedman

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77057**

Amount of
contribution
500.00

In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-1-01

Full name of contributor

Wilhelmina E. Robertson

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77002**

Amount of
contribution
500.00

In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-1-01

Full name of contributor

Arthur & Joyce Schechter

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77019**

Amount of
contribution
1000.00

In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-1-01

Full name of contributor

Charles & Sharmagne Taylor

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77083**

Amount of
contribution
50.00

In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-1-01

Full name of contributor

Chris Wilmot

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77088**

Amount of
contribution
500.00

In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **16**

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-3-01

5 Full name of contributor

Louis J. Bailey

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77004**

7 Amount of contribution

25.00

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date

10-2-01

Full name of contributor

Harlon Brooks

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77048**

Amount of contribution

2500.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-2-01

Full name of contributor

R. Vince Hamilton

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77056**

Amount of contribution

100.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-01

Full name of contributor

Kase L. Lawal

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77027-7107**

Amount of contribution

1000.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-01

Full name of contributor

John & Laura Clemmons

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77004**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-01

Full name of contributor

Ernestine Z. Carter

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77004**

Amount of contribution

100.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-01

Full name of contributor

Terry Cheng

☐ out of state PAC

Contributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77057**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **16**

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-1-01

5 Full name of contributor

Alsie & M. Annette Cluff

☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] **Houston, Tx. 77021-1107**

7 Amount of contribution

2500.00

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date

10-1-01

Full name of contributor

Sean or Joslyn Dobson

☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] **Houston, Tx. 77056**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-01

Full name of contributor

Roland or Karen Garcia

☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] **Houston, Tx. 77042**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-01

Full name of contributor

Dee Scott or Lillie Miles

☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] **Houston, Tx. 77021**

Amount of contribution

100.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-01

Full name of contributor

Booker T. Morris

☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] **Pearland, Tx. 77584-4807**

Amount of contribution

100.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-1-01

Full name of contributor

Albert & Angela Myres

☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] **Kingwood, Tx. 77339**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

10-5-01

Full name of contributor

James or Judy Dougherty

☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] **Houston, Tx. 77007**

Amount of contribution

100.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 16	
2 FILER NAME GERALD WOMACK				3 ACCOUNT # (Ethics Commission files)	
4 Date 10-5-01	5 Full name of contributor B.E.F.O.A. <input type="checkbox"/> out of state PAC Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77052-5539		7 Amount of contribution 500.00	8 In-kind contribution description(if applicable)	
9 Principal occupation			10 Employer (optional)		
Date 10-3-01	Full name of contributor Percy Creuzot <input type="checkbox"/> out of state PAC Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77021		Amount of contribution 4000.00	In-kind contribution description(if applicable)	
Principal occupation			Employer (optional)		
Date 10-5-01	Full name of contributor Trinidad V. Mendenhall <input type="checkbox"/> out of state PAC Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77024		Amount of contribution 500.00	In-kind contribution description(if applicable)	
Principal occupation			Employer (optional)		
Date 10-1-01	Full name of contributor Leslie S. Karpas <input type="checkbox"/> out of state PAC Contributor address: City; State; Zip Code [REDACTED] Bellaire, Tx. 77401		Amount of contribution 250.00	In-kind contribution description(if applicable)	
Principal occupation			Employer (optional)		
Date 10-2-01	Full name of contributor Louis C. Ray Realtors <input type="checkbox"/> out of state PAC Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77004		Amount of contribution 40.00	In-kind contribution description(if applicable)	
Principal occupation			Employer (optional)		
Date 10-5-01	Full name of contributor Scott R. Rubenstein <input type="checkbox"/> out of state PAC Contributor address: City; State; Zip Code [REDACTED] Bellaire, Tx. 77401		Amount of contribution 1500.00	In-kind contribution description(if applicable)	
Principal occupation			Employer (optional)		
Date 10-6-01	Full name of contributor Louise & Limas Jefferson <input type="checkbox"/> out of state PAC Contributor address: City; State; Zip Code [REDACTED] Seabrook, Tx. 77586		Amount of contribution 500.00	In-kind contribution description(if applicable)	
Principal occupation			Employer (optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission flers)

4 Date
10-10-01

5 Full name of contributor

Matthew K. Manoh☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED], Houston, Tx. 77099

7 Amount of contribution

100.00

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date
10-13-01

Full name of contributor

John S. Chase☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] Houston, Tx. 77004

Amount of contribution

150.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Vivek or Namrita Menon☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] Houston, Tx. 77082

Amount of contribution

100.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Darshan or Jasbir Singh☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED], Sugarland, Tx. 77479-2936

Amount of contribution

500.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Vishwa or Saroj Bahl☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] Sugarland, Tx. 77479

Amount of contribution

1000.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Randhir or Sunila Sahni☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] Houston, Tx. 77024

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

K. Geetha or Krishna Rao☐ out of state PAC

Contributor address: City; State; Zip Code

[REDACTED] Kingwood, Tx. 77345

Amount of contribution

100.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 16	
2 FILER NAME GERALD WOMACK				3 ACCOUNT # (Ethics Commission fliers)	
4 Date 10-12-01	5 Full name of contributor Floyd Nathaniel Williams, Sr. Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77008		<input type="checkbox"/> out of state PAC	7 Amount of contribution 300.00	8 In-kind contribution description(if applicable)
9 Principal occupation			10 Employer (optional)		
Date 10-11-01	Full name of contributor Advantage Communication Consultants Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77004		<input type="checkbox"/> out of state PAC	Amount of contribution 250.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-14-01	Full name of contributor Johnnie A. Jenkins Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77021		<input type="checkbox"/> out of state PAC	Amount of contribution 250.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-10-01	Full name of contributor Wanda T. Mott Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77021-1230		<input type="checkbox"/> out of state PAC	Amount of contribution 500.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-10-01	Full name of contributor Duni Hebron Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77083-4445		<input type="checkbox"/> out of state PAC	Amount of contribution 250.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-14-01	Full name of contributor Debra Edwards Connally Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77071		<input type="checkbox"/> out of state PAC	Amount of contribution 50.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-9-01	Full name of contributor Joanne L. Rogers, MD Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77027		<input type="checkbox"/> out of state PAC	Amount of contribution 125.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission files)

4 Date
10-12-01

5 Full name of contributor

Madgelean Bush

☐ out of state PAC

Contributor address: City, State; Zip Code
[REDACTED] **Houston, Tx. 77004**

7 Amount of contribution

100.00

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date
10-16-01

Full name of contributor

Ivy V. Ricketts

☐ out of state PAC

Contributor address: City, State; Zip Code
[REDACTED] **Houston, Tx. 77054-1311**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-16-01

Full name of contributor

Varinder (Bobby) P. Singh

☐ out of state PAC

Contributor address: City, State; Zip Code
[REDACTED] **Houston, Tx. 77041**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-15-01

Full name of contributor

Mumtaz Bana-Peerbhai

☐ out of state PAC

Contributor address: City, State; Zip Code
[REDACTED] **Houston, Tx. 77057**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-16-01

Full name of contributor

Gopal & Vanaja Jannapureddy

☐ out of state PAC

Contributor address: City, State; Zip Code
[REDACTED] **Spring, Tx. 77379-6861**

Amount of contribution

500.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-16-01

Full name of contributor

Darshan or Jasbir Singh

☐ out of state PAC

Contributor address: City, State; Zip Code
[REDACTED] **Sugarland, Tx. 77479-2936**

Amount of contribution

500.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-16-01

Full name of contributor

Lutfi Hassan

☐ out of state PAC

Contributor address: City, State; Zip Code
[REDACTED] **Houston, Tx. 77042**

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 16	
2 FILER NAME GERALD WOMACK				3 ACCOUNT # (Ethics Commission files)	
4 Date 10-16-01	5 Full name of contributor Mohamed Gire Contributor address: City; State; Zip Code Houston, Tx. 77057		<input type="checkbox"/> out of state PAC		7 Amount of contribution 500.00
9 Principal occupation		10 Employer (optional)			
Date 10-16-01	Full name of contributor Don & Bea Sowell Contributor address: City; State; Zip Code Prairie View, Tx. 77446		<input type="checkbox"/> out of state PAC		Amount of contribution 1000.00
Principal occupation		Employer (optional)			
Date 10-22-01	Full name of contributor John & Pamela Barineau Contributor address: City; State; Zip Code Houston, Tx. 77042		<input type="checkbox"/> out of state PAC		Amount of contribution 1500.00
Principal occupation		Employer (optional)			
Date 10-22-01	Full name of contributor Jarrett's Realty & Appraisal Service Contributor address: City; State; Zip Code Bellaire, Tx. 77402		<input type="checkbox"/> out of state PAC		Amount of contribution 500.00
Principal occupation		Employer (optional)			
Date 10-20-01	Full name of contributor Hemachandra or Annapurna Kolluru Contributor address: City; State; Zip Code Surgarland, Tx. 77479-3081		<input type="checkbox"/> out of state PAC		Amount of contribution 100.00
Principal occupation		Employer (optional)			
Date 10-19-01	Full name of contributor Mark D. Taylor Contributor address: City; State; Zip Code Spring, Tx. 77379		<input type="checkbox"/> out of state PAC		Amount of contribution 1000.00
Principal occupation		Employer (optional)			
Date 10-22-01	Full name of contributor Audrie McVea or William Lawton Contributor address: City; State; Zip Code Houston, Tx. 77087		<input type="checkbox"/> out of state PAC		Amount of contribution 100.00
Principal occupation		Employer (optional)			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **16**

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC Contributor address: City; State; Zip Code	7 Amount of contribution	8 In-kind contribution description(if applicable)
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9 Principal occupation		10 Employer (optional)	
Date 10-23-01	Full name of contributor Crain, Caton & James A Professional Corporation Contributor address: City; State; Zip Code [REDACTED], Houston, Tx. 77010	Amount of contribution 100.00	In-kind contribution description(if applicable)

Principal occupation		Employer (optional)	
Date 10-25-01	Full name of contributor Brenda J. Peters Contributor address: City; State; Zip Code [REDACTED], Houston, Tx. 77004	Amount of contribution 100.00	In-kind contribution description(if applicable)

Principal occupation		Employer (optional)	
Date 10-13-01	Full name of contributor Rev. Todd Jackson Contributor address: City; State; Zip Code [REDACTED], Houston, Tx. 77033	Amount of contribution 100.00	In-kind contribution description(if applicable)

Principal occupation		Employer (optional)	
Date 10-13-01	Full name of contributor Jessica Macklin Contributor address: City; State; Zip Code [REDACTED], Houston, Tx. 77031	Amount of contribution 1.00	In-kind contribution description(if applicable)

Principal occupation		Employer (optional)	
Date 10-13-01	Full name of contributor Eloise Tone Contributor address: City; State; Zip Code [REDACTED], Houston, Tx. 77031	Amount of contribution 7.00	In-kind contribution description(if applicable)

Principal occupation		Employer (optional)	
Date 10-13-01	Full name of contributor April Tone Contributor address: City; State; Zip Code [REDACTED], Houston, Tx. 77031	Amount of contribution 1.00	In-kind contribution description(if applicable)

Principal occupation		Employer (optional)	
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission files)

4 Date
10-13-01

5 Full name of contributor

Tangela Smith☐ out of state PAC

Contributor address: City; State; Zip Code

Houston, Tx. 770777 Amount of
contribution**10.00**8 In-kind contribution
description(if
applicable)

9 Principal occupation

10 Employer (optional)

Date
10-13-01

Full name of contributor

Donna Shanklin-Henderson☐ out of state PAC

Contributor address: City; State; Zip Code

Houston, Tx. 77045Amount of
contribution**20.00**In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Bessie W. King☐ out of state PAC

Contributor address: City; State; Zip Code

Houston, Tx. 77033Amount of
contribution**10.00**In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Gladys Kinble☐ out of state PAC

Contributor address: City; State; Zip Code

Houston, Tx. 77021Amount of
contribution**5.00**In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Rev. E. Stowessa☐ out of state PAC

Contributor address: City; State; Zip Code

Houston, Tx. 77028Amount of
contribution**5.00**In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

H. Lee Jarmon☐ out of state PAC

Contributor address: City; State; Zip Code

Houston, Tx. 77245-0131Amount of
contribution**60.00**In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Joyce Diggins☐ out of state PAC

Contributor address: City; State; Zip Code

Houston, Tx. 77033Amount of
contribution**3.00**In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 16	
2 FILER NAME GERALD WOMACK				3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-13-01	5 Full name of contributor Helen Shannon Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77033		<input type="checkbox"/> out of state PAC	7 Amount of contribution 10.00	8 In-kind contribution description(if applicable)
9 Principal occupation			10 Employer (optional)		
Date 10-13-01	Full name of contributor Archie Jones Contributor address: City; State; Zip Code , Houston, Tx.		<input type="checkbox"/> out of state PAC	Amount of contribution 5.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-13-01	Full name of contributor Flo Journet Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77051		<input type="checkbox"/> out of state PAC	Amount of contribution 40.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-13-01	Full name of contributor Joseph T. Levi Contributor address: City; State; Zip Code [REDACTED] , Houston, Tx. 77051		<input type="checkbox"/> out of state PAC	Amount of contribution 2.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-13-01	Full name of contributor Martha McGriff Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77021		<input type="checkbox"/> out of state PAC	Amount of contribution 2.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-13-01	Full name of contributor Floyd Swanson Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77033		<input type="checkbox"/> out of state PAC	Amount of contribution 1.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-13-01	Full name of contributor Reginald & Sheila Warren Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77033		<input type="checkbox"/> out of state PAC	Amount of contribution 5.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission files)

4 Date
10-13-015 Full name of contributor
F. Anita Cooper☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77033**7 Amount of contribution
2.15

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date
10-13-01Full name of contributor
Mr. & Mrs. Ben Alford, Sr.☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77033**Amount of contribution
10.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01Full name of contributor
Twilight Thomas☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77021**Amount of contribution
6.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01Full name of contributor
Pricious Wilson☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77004**Amount of contribution
1.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01Full name of contributor
Ashleigh Henry☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77083**Amount of contribution
5.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01Full name of contributor
Allycia Albert☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] **Missouri City, Tx. 77489**Amount of contribution
2.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-13-01Full name of contributor
Arthur & Esther Williams☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] **Houston, Tx. 77033**Amount of contribution
100.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission files)

4 Date
10-13-01

5 Full name of contributor

Martha Morgan☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] Houston, Tx. 770047 Amount of
contribution
50.008 In-kind contribution
description(if
applicable)

9 Principal occupation

10 Employer (optional)

Date
10-13-01

Full name of contributor

George or Mildred Johnson☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] Houston, Tx. 77021Amount of
contribution
15.00In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Dorothy M. Harvey☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] Houston, Tx. 77021Amount of
contribution
25.00In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Mr. & Mrs. Armstrong Answerton, Jr.☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] Houston, Tx. 77061Amount of
contribution
10.00In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Arthur L. Williams☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] Houston, Tx. 77033Amount of
contribution
25.00In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-13-01

Full name of contributor

Mary B. Roberts☐ out of state PACContributor address: City; State; Zip Code
[REDACTED] Houston, Tx. 77033Amount of
contribution
15.00In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

Date
10-12-01

Full name of contributor

Patricia L. Frenes☐ out of state PACContributor address: City; State; Zip Code
[REDACTED], Missouri City, Tx. 77489Amount of
contribution
20.00In-kind contribution
description(if
applicable)

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 16	
2 FILER NAME GERALD WOMACK				3 ACCOUNT # (Ethics Commission files)	
4 Date 10-23-01	5 Full name of contributor Hemachandra or Annapurna Kolluru Contributor address: City; State; Zip Code [REDACTED] Missouri City, Tx. 77479		<input type="checkbox"/> out of state PAC	7 Amount of contribution 50.00	8 In-kind contribution description(if applicable)
9 Principal occupation			10 Employer (optional)		
Date 10-23-01	Full name of contributor Sadie M. Rucker Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77004		<input type="checkbox"/> out of state PAC	Amount of contribution 100.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-23-01	Full name of contributor Sheryl & John Tucker Contributor address: City; State; Zip Code [REDACTED], Humble, Tx. 77396		<input type="checkbox"/> out of state PAC	Amount of contribution 25.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-21-01	Full name of contributor Bettye D. Lewis Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77004		<input type="checkbox"/> out of state PAC	Amount of contribution 100.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-21-01	Full name of contributor Louvon Daniel Contributor address: City; State; Zip Code [REDACTED] Houston, Tx. 77021		<input type="checkbox"/> out of state PAC	Amount of contribution 100.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-23-01	Full name of contributor Charles & Susan Brown Contributor address: City; State; Zip Code [REDACTED] Humble, Tx. 77396		<input type="checkbox"/> out of state PAC	Amount of contribution 25.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		
Date 10-23-01	Full name of contributor Janet F. Jackson Contributor address: City; State; Zip Code [REDACTED], Houston, Tx. 77004		<input type="checkbox"/> out of state PAC	Amount of contribution 10.00	In-kind contribution description(if applicable)
Principal occupation			Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **16**

2 FILER NAME **GERALD WOMACK**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-23-01

5 Full name of contributor ☐ out of state PAC

Dorothy Pruitt Harris

Contributor address: City; State; Zip Code

Houston, Tx. 77021

7 Amount of contribution

50.00

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date
10-23-01

Full name of contributor ☐ out of state PAC

Al Kashani

Contributor address: City; State; Zip Code

Houston, Tx. 77225

Amount of contribution

500.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-23-01

Full name of contributor ☐ out of state PAC

Alfred & Lynn Henson

Contributor address: City; State; Zip Code

Houston, Tx. 77004

Amount of contribution

25.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-23-01

Full name of contributor ☐ out of state PAC

Saddie Mae Rucker

Contributor address: City; State; Zip Code

Houston, Tx. 77004

Amount of contribution

50.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-24-01

Full name of contributor ☐ out of state PAC

Arthur & Toni Lopez

Contributor address: City; State; Zip Code

The Woodlands, Tx. 77380

Amount of contribution

250.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-21-01

Full name of contributor ☐ out of state PAC

Hildred M. Webb

Contributor address: City; State; Zip Code

Houston, Tx. 77096

Amount of contribution

50.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date
10-23-01

Full name of contributor ☐ out of state PAC

Leonard & Beverly Childress

Contributor address: City; State; Zip Code

Houston, Tx. 77071

Amount of contribution

2500.00

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 16	
2 FILER NAME GERALD WOMACK			3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-24-01	5 Full name of contributor Deandre M. Sam Contributor address: City; State; Zip Code Houston, Tx. 77021		<input type="checkbox"/> out of state PAC	7 Amount of contribution 1000.00
9 Principal occupation			10 Employer (optional)	
Date 10-22-01	Full name of contributor C. I. Morris Co. Contributor address: City; State; Zip Code Houston, Tx. 35717		<input type="checkbox"/> out of state PAC	Amount of contribution 125.00
Principal occupation			Employer (optional)	
Date 10-20-01	Full name of contributor Arthurlene & Jesse Jackson Contributor address: City; State; Zip Code Houston, Tx. 77004		<input type="checkbox"/> out of state PAC	Amount of contribution 500.00
Principal occupation			Employer (optional)	
Date 10-11-01	Full name of contributor IEC of Houston PAC Contributor address: City; State; Zip Code Houston, Tx. 77007		<input type="checkbox"/> out of state PAC	Amount of contribution 100.00
Principal occupation			Employer (optional)	
Date 10-9-01	Full name of contributor Local 100 PAC Committee Contributor address: City; State; Zip Code New Orleans, LA 70117-8402		<input type="checkbox"/> out of state PAC	Amount of contribution 500.00
Principal occupation			Employer (optional)	
Date	Full name of contributor		<input type="checkbox"/> out of state PAC	Amount of contribution
	Contributor address: City; State; Zip Code			In-kind contribution description(if applicable)
Principal occupation			Employer (optional)	
Date	Full name of contributor		<input type="checkbox"/> out of state PAC	Amount of contribution
	Contributor address: City; State; Zip Code			In-kind contribution description(if applicable)
Principal occupation			Employer (optional)	

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